

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010029

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 374

FILED APR 9 1962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Mo.		c. CITY OR TOWN Deerborn, Mo.	
Length of stay in 1b 3 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp.		d. STREET ADDRESS (If outside, give location) Dearborn, Mo.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Charles Middle P. Last Williams			4. DATE OF DEATH Month March Day 31 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/18/'93	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 3 Days 11 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refined		10b. KIND OF BUSINESS OR INDUSTRY Rail		11. BIRTHPLACE (City and state or country) New Market, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Hermon H. Williams		13b. MOTHER'S MAIDEN NAME Allie McMillian	
14. NAME OF HUSBAND OR WIFE Lissie Mee Williams		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Chas. Williams, Deerborn, Mo.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of colon		INTERVAL BETWEEN ONSET AND DEATH 3 Wks	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:55 A.M. Month, Day, Year March 31, 1962		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Deerborn		COUNTY Mo.		STATE Mo.	

21. I attended the deceased from March 27, 1962 to March 31, 1962 and last saw her/him alive on March 31, 1962		22a. SIGNATURE (Degree or title) R. B. Bristow, M.D.		22b. ADDRESS 706 Francis St. Joseph, Mo.	
22c. DATE SIGNED 4-2-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/1/62	
23c. NAME OF CEMETERY OR CREMATORY Williams Cemetery		23d. LOCATION (City, town, or county) Deerborn		23e. STATE Mo.	

24. FUNERAL DIRECTOR veughn & Aufranc, Deerborn, Mo.		25. DATE RECD. BY LOCAL REG. April 4, 1962		26. REGISTRAR'S SIGNATURE Mr. Clark Standell	
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

APR 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.